TASC

Technical Assistance and Services Center

Flex Program Hour Highlights

Date: *March 14, 2001*
Topic: *CAHs and Network Development*
Moderator: *Terry Hill, TASC*
Guest: *Walt Gregg, University of Minnesota Rural Health Research Center*

National Perspective

The Flex Program Tracking Project is now in it's second year of tracking States' and hospitals' experiences. They have completed site visits in 12 states and 24 CAHs and in Year Two will visit 8 states and 16 CAHs. The University of MN is also conducting a phone survey of over 100 CAHs and an aggregate analysis of the survey will be available in a few months.

Walt noted the experiences with CAH network development to date have shown that it's largely "status quo" although existing relationships between CAHs and larger facilities have become more formalized based on the program requirement for a network agreement. There may be added value with the addition of the agreement, but that is difficult to determine. Most networks to date are horizontal networks (hospital to hospital) rather than vertical networks (a seen in managed care) but this does not necessarily mean it's expected to be seen in the far future as well. Walt noted that as the program evolves, success with networking activities have and will continue to come from resources outside the hospitals even in hospitals with strong leadership.

The identified components of successful networks:

- Creation based on a perceived and compelling need
- Common problem(s) of members to address
- Network activities are underway before grant money arrives
- Obvious self-interest – something's in it for them
- Strong leadership
- Patience, persistence
- Setting achievable goals

Identified reasons for creating networks:

- Information systems, connectivity
- Credentialing needs
- Sharing human resources, recruitment services
- EMS services and the new 35-mile rule

State Perspective

New York – as the former SORH Director, Walt noted that New York State (which funded more than 40 rural networks) had strong ideas about how to manage and monitor the program: quarterly progress reports, connecting the budget to the work plan, keeping a "paper trail" of changes and what prompted the

changes, etc. It was critical to the program to keep the infrastructure intact and keep on track when it's so easy to get off track due to local politics.

Nebraska – Denny Berens noted their networks are hospital to hospital, and they are moving toward a more integrated system. The hospitals are feeling more and more comfortable working together and that grant money is a big incentive for this. They are also looking for ways to solve their EMS issues by networking EMS systems. They have over 390 independent ambulance services in Nebraska, which is not a sustainable model. Centralized billing is one of the current considerations.

Ohio – Heather Reed mentioned Ohio plans to incent network activities through offering dollars for approved network development plans.

Kansas – Tom Sipe said their state had a leg up on network development due to being an EACH/RPCH state. At this point, networks are less competitive and more cooperative, but this has happened over a long period of time. It takes time to build trust.

Wisconsin – Lillian Redding said the state CAHs have formed a coalition that meets monthly and are a rather informal group. They are in the process of formalizing their coalition with a Memorandum of Understanding.

North Dakota – Brad Gibbens described network activities in his state, which he mentioned are based on various needs in the state: leadership training, management of information systems, peer review, staff education, biomedical research, etc.

Georgia – Charles Owens mentioned their interest in starting a "central business office" for CAHs, and anyone else that might want to join. This is primarily about Medicare and Medicaid billing, because they have a shortage of qualified billing and coding staff support for this need.

Terry Hill mentioned that he had been involved in creating quality improvement networks for hospitals, nursing homes, and clinics in Minnesota that had proved successful. He also noted that TASC had numerous resources for network development including "how to" manuals, legal primers, and network business development models. If you would like more information, contact Terry at thill@ruralcenter.org.

Resources:
Networking for Rural Health, http://www.ahsrhp.org/ruralhealth/index.htm
Robert Wood Johnson Foundation, http://www.rwjf.org/index.jsp

The next Flex Program Hour is scheduled for Wednesday, April 11 at 3:00 p.m. EST. The topic will be EMS and a reminder announcement will be made a week prior to the call.